

Summary of Benefits



HMO Blue® Plan 2 Value Plus Option



An Independent Licensee of the Blue Cross and Blue Shield Association

The Protection

When you have HMO Blue Plan 2, you have the comfort of knowing you're covered in sickness, in health, in the hospital, and in emergencies. You have benefits with no waiting periods and virtually no claim forms. And, in case of an emergency, you have Blue Cross Blue Shield's immediate name recognition wherever you travel.

COVERED SERVICES†	YOUR COST
Outpatient Care	
Office visits	\$15 per visit
Well-child care	\$15 per visit
Routine checkups (including one gynecological exam per calendar year)	\$15 per visit
Emergency room visits (waived for observation stay or if admitted)	\$50 per visit
Maternity care	Nothing
Allergy injections only	Nothing
X-rays, laboratory tests, and other tests	Nothing
Oxygen and equipment for its administration	Nothing
Hearing exams	\$15 per visit
Routine vision exams (one exam per calendar year)	\$15 per visit
Family planning and infertility services	\$15 per visit
Chiropractor services (up to 12 visits per calendar year for members age 16 or older)	\$15 per visit
Home health care, including hospice care	Nothing
Durable medical equipment (such as wheelchairs, crutches, hospital beds) and repairs: Covered up to a maximum of \$750 per calendar year*	Charges beyond the \$750 benefit maximum
Short-term rehabilitation therapy (up to 60 visits per calendar year)**	\$15 per visit
Speech, hearing, and language disorder treatment	\$15 per visit
Prosthetic devices	20% of approved charges
Ambulatory surgery	\$150*** per admission
Inpatient Care (including maternity care)	
Hospital care (as many days as medically necessary)	\$250*** per admission
Skilled Nursing and Rehabilitative Care	
Care in a skilled nursing facility (up to 100 days per calendar year)	Nothing
Care in a rehabilitation hospital (up to 60 days per calendar year)	Nothing
Prescription Drug Benefit	
At designated retail pharmacies (up to a 30-day formulary supply for each prescription/refill or supply)	\$10 for generic†† \$20 for preferred brand-name \$35 for non-preferred
Through mail-service drug program (up to a 90-day formulary supply for each prescription/refill or supply)	\$10 for generic†† \$20 for preferred brand-name \$35 for non-preferred

† Any visit, day, or dollar maximums may be reduced by any benefits provided in the same calendar year under prior Blue Cross Blue Shield of Massachusetts plans.

* No dollar limit applies when durable medical equipment is furnished as part of covered home dialysis, home health care, or hospice services.

** No limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or to diagnose and treat speech, hearing, and language disorders.

*** Copayments for consecutive inpatient admissions (or day surgery followed by inpatient care) within 30 days for the same or related illness will not exceed \$500.

†† In a few instances, a generic drug or supply may be covered with a copayment other than the lowest copayment level. If you have questions about which copayment applies, ask your pharmacist or call Member Service.

COVERED SERVICES†**YOUR COST**

Mental Health and Substance Abuse Treatment Biologically-based conditions*	
Inpatient admissions in a general hospital or mental hospital	\$250** per admission
Outpatient visits	\$15 per visit
Non-biologically-based mental conditions (includes drug addiction and alcoholism)	
Inpatient admissions in a general hospital	\$250** per admission
Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	\$250** per admission
Outpatient visits (up to 24 visits per calendar year)	\$15 per visit
Alcoholism treatment (in addition to non-biologically-based mental conditions)	
Inpatient admissions in a general hospital	\$250** per admission
Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	\$250** per admission
Outpatient visits (up to 8 visits per calendar year)	\$15 per visit

† Any visit, day, or dollar maximums may be reduced by any benefits provided in the same calendar year under prior Blue Cross Blue Shield of Massachusetts plans.

* Treatment for rape-related mental or emotional disorders and treatment for children under age 19 is covered to the same extent as biologically-based conditions.

** Copayments for consecutive inpatient admissions (or day surgery followed by inpatient care) within 30 days for the same or related illness will not exceed \$500.

Living Healthy® Programs

In addition to assuring you of appropriate medical care, your HMO Blue Plan 2 membership helps you live as healthy a life as possible. For example, you'll receive the booklet *Living Healthy Programs*, which outlines how to take advantage of many special programs available to you - such as discounts on products and services that promote good health and a safer home environment.

LIVING HEALTHY <i>Babies</i> ®*	No charge
A Fitness Benefit toward membership at a health club (see your benefit description for details)	\$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	\$150 per year, per individual/family
Living Healthy Vision-discounts on eyewear (frames, lenses, supplies and laser vision correction surgery)	Discount varies
Blue Care® Line to answer your health care questions 24 hours a day – call 1-888-247-BLUE (2583)	No charge
Living Healthy Naturally – discounts for acupuncture, massage therapy, and nutritional counseling	20% discount
Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family, and fun	No charge
Member Self Service on www.bluecrossma.com – to help you manage your health care	No charge

Out-of-Pocket Maximum. You're protected by an out-of-pocket maximum of \$1,000 for a member in a calendar year (\$2,000 for all family members covered under the same membership). Only copayments for hospital admissions, ambulatory surgery admissions, and emergency room services will be applied to your out-of-pocket maximum.

When Outside the Service Area. If you're traveling outside the service area and you need urgent or emergency care, you may go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. You, or someone on your behalf, must call Member Service within 48 hours (no call is needed if you go to an emergency room). And, any additional follow-up care must be arranged by your PCP.

Dependent and Student Benefits. HMO Blue Plan 2 covers your unmarried dependent children until age 19, or full-time students until age 26. Student coverage ends when the student turns 26, or marries, or on November 1 following the date the student discontinues full-time classes or graduates, whichever comes first.

The HMO Blue Service Area. All members must reside in the service area. Please see the HMO Blue Plan 2 benefit description for a complete definition of the service area.

The Care

With Blue Cross and Blue Shield's extensive network of health care professionals, you have access to only the finest care from HMO Blue Plan 2.

Your Primary Care Physician. Your primary care physician (PCP) is the first person you call when you need medical care. If your PCP determines that you need to see a specialist, you'll most likely be referred to a specialist affiliated with your PCP's hospital or group practice. This is because your PCP has a working relationship with these specialists. And, the fact that your PCP and your specialist can easily communicate helps to ensure the quality of your care. Your physician may also work with Blue Cross Blue Shield concerning the Utilization Review Requirements, which are Pre-admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

Referrals You Can Feel Better About. The bottom line for your HMO Blue PCP is your health. Which is why, should you and your PCP decide you need a specialist, you'll be referred to the one your physician determines is appropriate for treating your specific condition. Of course, if you have a specialist to whom you would like to be referred, tell your doctor. It's an important decision and the top priority is getting you healthy again.

Choosing a Primary Care Physician. When you join Network Blue, you choose a PCP for you and each member of your family. You'll find a complete listing of PCPs in the *HMO Blue Directory of Providers*. In addition to PCPs, the directory lists specialists and hospitals. If you don't have a copy of the directory, call the Physician Selection Service at 1-800-821-1388 and they'll send you one. If you have trouble choosing a doctor, the Physician Selection Service can help. They can tell you whether a doctor is male or female, the medical school(s) he or she attended, and if any languages other than English are spoken in the office.

Urgent Care. This is care needed to treat an urgent medical condition that can wait for the time it takes to call your PCP for advice. Examples of urgent care are sprains, earaches, and high fever. If you need urgent medical care, call your PCP to arrange where you'll receive treatment. All HMO Blue PCPs have 24-hour phone coverage, seven days a week.

Emergency Room Services. In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call 911 (or the local emergency phone number). There is a \$50 co-payment for emergency room services, which is waived if you're admitted to the hospital. Any necessary follow-up care must be arranged by your PCP.

Questions? Call 1-800-782-3675
or visit our website at www.bluecrossma.com.

Administered by:



Limitations and Exclusions. These pages summarize benefits under your HMO Blue Plan 2 plan. The benefits described are fully covered when arranged by your primary care physician and coordinated by HMO Blue Plan 2. Your benefit description defines the terms and conditions of your plan. Should any questions arise concerning benefits, the benefit description will govern. Some of the services your plan doesn't cover are: custodial care; cosmetic surgery; hearing aids; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, please refer to your benefit description.

Please note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.